PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further (indicated unless correcte maintenance fee notificat	d below or directed oth	erwise in Block 1, by (a	a) specifying a new corresp	ondence address; and/	or (b) indicating a sepa	ITAIC FEE ADDRESS 101	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25534	7590 01/25/	2010		Contifica	to of Mailing or Trans	mission	
CAHN & SAM 1100 17th STRE SUITE 401			I her State addre trans	eby certify that this Fe s Postal Service with s essed to the Mail Sto mitted to the USPTO (e(s) Transmittal is being ufficient postage for fire of ISSUE FEE address (71) 273-2885, on the december of the state of t	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
WASHINGTON	, DC 20036					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/627,919	07/28/2003		Paul L. Baker	***************************************	907.0002	3616	
TITLE OF INVENTION: METHODS A ND APPARATUS FOR NEGOTIATING AGREEMENT OVER CONCEALED TERMS THROUGH A BLIND AGENT							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/26/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
OBEID, MAMON A		3621	705-050000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or type				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🖺 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee		N	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Publication Fee (N	No small entity discount # of Copies	permitted)	The Director is hereby	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
		d abova)	overpayment, to Depo	osit Account Number _	(enclose	an extra copy of this form).	
5. Change in Entity Status (from status indicated above) \[\begin{align*} a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee an		uired) will not be accept	ted from anyone other than t	the applicant; a register	ed attorney or agent; or	the assignee or other party in	
Authorized Signature	11/10/	JA J		Date	4/10		
Typed or printed name Warren A. Zitlau Registration No. 39,085							
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, VAlexandria, Virginia 223	ntiality is governed by 3: dapplication form to the tions for reducing this by Virginia 22313-1450. Di 313-1450.	5 U.S.C. 122 and 37 CF1 to USPTO. Time will valurden, should be sent to to NOT SEND FEES OR	tion is required to obtain or R 1.14. This collection is es ry depending upon the indithe Chief Information Offic R COMPLETED FORMS Trespond to a collection of in	vidual case. Any common vidual case. Any common case. Any common case. The common case of the case of	nents on the amount of idemark Office, U.S. Do END TO: Commission	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.	